

## LOUISIANA BOARD OF ETHICS

Post Office Box 4368  
Baton Rouge, Louisiana 70821

2015 DEC 14 PM 12:14

**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**☒ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.☒ ORIGINAL REPORT☐ AMENDED REPORT☐ FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY ☐ ])A final reports must be filed on or before May 15 of the year in which your service to that office ends.  
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.This Report Covers Calendar Year: 2014OFFICE/POSITION HELD: Louisiana Public Service Commission, District 11NAME OF FILER (print full name): Scott Anthony AngelleMailing Address: 4349 Main HighwayCity, State, Zip: Breaux Bridge, LA 70517NAME OF SPOUSE(if applicable)(print full name): Dianne B AngelleSpouse's Occupation: College Student / Volunteer CounselorSpouse's Principal Business Address: 4349 Main HighwayCity, State, Zip: Breaux Bridge, LA 70517

## CHECK ALL THAT APPLY

☒ I have filed my state income tax return for the previous year.☐ I have filed for an extension of my state income tax return for the previous year.☒ I have filed my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year.☐ I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.**CERTIFICATE OF ACCURACY**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me this 11th day of December 2015.Rikki Weger

Notary Public (print name)

Rikki Weger

Notary Public (signature)

ID# 136682Date Commission Expires with life

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Louisiana Public Service Commission</u>	
Job Title: <u>Commissioner</u>	
Job Description: <u>Mgmt of activities prescribed by LA law</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	

- \* You are required to disclose employment information related to both you and your spouse (if applicable).
- \* List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.
- \* Self-employment information is reported on Schedule B.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule B: Positions - Business**☐ Check if not applicable☐ Filer ☐ Spouse ☒ BothAmount of Interest (amount exceeds 10%): 100 %Name of Business: Planning Strategies LLCAddress: 4349 Main HighwayCity, State, Zip: Breaux Bridge, LA 70517Business Description: LLC - ManagementNature of Association: Member☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 12.5 %Name of Business: Angelk Enterprises, Inc.Address: 1306 South MainCity, State, Zip: Breaux Bridge, LA 70517Business Description: Corporation - Inherited Family owned propertyNature of Association: Shareholder☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): N/A %Name of Business: Sunoco Partners LLCAddress: 1818 Market St., Suite 1500City, State, Zip: Philadelphia, PA 19103Business Description: LLC - LogisticsNature of Association: Independent Director

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

## LOUISIANA BOARD OF ETHICS

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## Schedule B: Positions - Business

☐ Check if not applicable

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): <u>N/A</u> %		
Name of Business: <u>Farmers - Merchants Bank and Trust</u>		
Address: <u>100 South Main St.</u>		
City, State, Zip: <u>Breaux Bridge, LA 70517</u>		
Business Description: <u>Bank Entity - Sub S</u>		
Nature of Association: <u>Director</u>		
<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): <u>100</u> %		
Name of Business: <u>Dianne B Angelle, LLC</u>		
Address: <u>4349 Main Highway</u>		
City, State, Zip: <u>Breaux Bridge, LA 70517</u>		
Business Description: <u>Counselor Services - No Income</u>		
Nature of Association: <u>Member</u>		
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Amount of Interest (amount exceeds 10%): _____ %		
Name of Business: _____		
Address: _____		
City, State, Zip: _____		
Business Description: _____		
Nature of Association: _____		

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule C: Positions - Nonprofit**☒ Check if not applicable☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule D: Other Offices/Positions Held**☐ Check if not applicable

Name of Office/Position:

Member, Louisiana State University Board of Supervisors

Name of Office/Position:

Member, Louisiana Water Resources Commission

Name of Office/Position:

Member, Louisiana Coastal Port Advisory Authority

Name of Office/Position:

Member, Southern States Energy Board

Name of Office/Position:

Name of Office/Position:

Name of Office/Position:

Name of Office/Position:

Name of Office/Position:

\* You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

## LOUISIANA BOARD OF ETHICS

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## Schedule E: Immovable Property

☐ Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)☐ Filer ☐ Spouse ☒ Both

Location of Property:

State: LAParish/County: St. MartinDescription of Property: 4349 Macn Hwy, Breax Bridge, LA 70517Value of the Interest in the Parcel: Personal Residence☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☒ Category IV (more than \$100,000)☒ Filer ☐ Spouse ☐ Both

Location of Property:

State: LAParish/County: St. MartinDescription of Property: Refinery St., Breax Bridge, LA 70517Value of the Interest in the Parcel: 2.164 Acres Vacant Tract☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property:

State: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of the Interest in the Parcel: \_\_\_\_\_

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)

\* You are required to disclose the location by state and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule F: Income from the State, Political**☐ Check if not applicable **Subdivisions, and/or Gaming Interests**

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income:	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest
Name of Business (if applicable):	<u>N/A</u>	
Name of Income Source:	<u>Louisiana Public Service Commission</u>	
Address:	<u>PO Box 91154</u>	
City, State, Zip:	<u>Baton Rouge, LA 70821-9154</u>	
Amount of Income (exact dollar amount):	\$ <u>52,411.96</u>	
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income:	<input type="checkbox"/> State	<input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest
Name of Business (if applicable):		
Name of Income Source:		
Address:		
City, State, Zip:		
Amount of Income (exact dollar amount):	\$ _____	
<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income:	<input type="checkbox"/> State	<input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest
Name of Business (if applicable):		
Name of Income Source:		
Address:		
City, State, Zip:		
Amount of Income (exact dollar amount):	\$ _____	

\* You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.



**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule G: Income Received from Employment**☐ Check if not applicable

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: <u>See Schedule F</u>	
Address: _____	
City, State, Zip: _____	
Nature of services (pursuant to such employment): _____	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: _____	
Address: _____	
City, State, Zip: _____	
Nature of services (pursuant to such employment): _____	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: _____	
Address: _____	
City, State, Zip: _____	
Nature of services (pursuant to such employment): _____	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

- \* You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.
- \* Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule H: Income Received From Business**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:**

- ☐ Category I (less than \$5,000)    ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)    ☒ Category IV (more than \$100,000)

☒ Filer   ☒ Spouse

Name of Business:

Planning Strategies LLC

Address:

434 A Main Hwy. Breauv Bridge, LA 70517

City, State, Zip:

Nature of services rendered or reason income was received:

Management - Administrative☒ Filer   ☐ Spouse

Name of Business:

Sunoco Partners LLC

Address:

1735 Market Street

City, State, Zip:

Philadelphia, PA 19103

Nature of services rendered or reason income was received:

Independent Board Services☒ Filer   ☐ Spouse

Name of Business:

Farmers - Merchants Bank and Trust

Address:

100 South Main

City, State, Zip:

Breauv Bridge, LA 70517

Nature of services rendered or reason income was received:

Management Services - Director☐ Filer   ☐ Spouse

Name of Business:

Address:

City, State, Zip:

Nature of services rendered or reason income was received:

\* You are required to complete SCHEDULE H if you or your spouse received income from a business.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.

\* Income received through self-employment is reported on SCHEDULE H.

\* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule I: Other Income**☒ Check if not applicable

(any other income that exceeds \$1,000)

☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

\* Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.

\* Income from retirement accounts not reported on Schedule F should be included on Schedule I.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule J: Investment Holdings**☐ Check if not applicable (an investment holding that exceeds \$5,000)☒ Filer ☐ Spouse ☐ Both

Name of Security:

SXL

Description of Security:

Common Units - Pursuant to Long Term Incentive Plan, None Vested

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

\* You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule K: Transactions**☒ Check if not applicable

(a transaction that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded \$5,000 in the previous calendar year).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

## LOUISIANA BOARD OF ETHICS

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Baton Rouge, Louisiana 70821

## Schedule L: Liabilities

☐ Check if not applicable

(a liability that exceeds \$10,000)

☒ Filer ☒ SpouseName of Creditor: Baria Bank Mortgage  
Address: PO Box 7171  
City, State, Zip: Little Rock, AR 72223  
Name of Guarantor (If applicable): N/A☒ Filer ☒ SpouseName of Creditor: Bank of America  
Address: PO Box 15026  
City, State, Zip: Wilmington, DE  
Name of Guarantor (If applicable): N/A☒ Filer ☒ SpouseName of Creditor: Farmers Merchants Bank and Trust  
Address: 100 South Main  
City, State, Zip: Breaux Bridge, LA 70517  
Name of Guarantor (If applicable): N/A☒ Filer ☒ SpouseName of Creditor: Sallie Mae  
Address: PO Box 9532  
City, State, Zip: Wilkes-Barre, PA 18773-9532  
Name of Guarantor (If applicable): N/A

\*You are required to complete SCHEDULE L if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

\*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

\*\*"Consumer Credit Transaction" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule M: Positions - Business**(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☒ Check if not applicable

<input type="radio"/> Filer	<input type="radio"/> Spouse	<input type="radio"/> Both
Name of Business: _____		
Address: _____		
City, State, Zip: _____		
Business Description: _____		
Nature of Association: _____		
Amount of Interest: _____ %		
<input type="radio"/> Filer	<input type="radio"/> Spouse	<input type="radio"/> Both
Name of Business: _____		
Address: _____		
City, State, Zip: _____		
Business Description: _____		
Nature of Association: _____		
Amount of Interest: _____ %		
<input type="radio"/> Filer	<input type="radio"/> Spouse	<input type="radio"/> Both
Name of Business: _____		
Address: _____		
City, State, Zip: _____		
Business Description: _____		
Nature of Association: _____		
Amount of Interest: _____ %		

- \* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.
- \* You are required to disclose information related to ownership interest in a business *regardless of the percentage of ownership*.
- \* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.
- \* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule N: Income from the State  
and/or Political Subdivisions**(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☒ Check if not applicable☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose all income received by a business in which you or your spouse received *regardless of the percentage of ownership in the business*.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.



**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule O: Income from a Governmental Entity**(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☒ Check if not applicable☐ Filer☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\*\*"Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).